

New England
Deaconess
Hospital
Annual
Report

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Report
of the
President

Laurens MacLure
President

In my annual report a year ago, I departed from the usual format of cataloguing the important events of the preceding year and attempted to look ahead to the challenges our hospital must meet in the immediate future. I am taking the same approach again this year for two reasons: first, because the past, no matter how progressive or successful, is only a springboard to the future; and second, it is only by continuous planning for the future medical needs of Greater Boston and the world community that New England Deaconess Hospital can maintain and enhance its enviable reputation as a specialty hospital providing superior patient care.

In many respects, 1965 was a year of study and planning out of which emerged an \$8.5 million development program designed to add six floors to the Central Building, which was originally constructed to sustain such vertical expansion. Five of the new floors will be devoted to private and semi-private patient accommodations with 41 beds on each floor. The sixth floor will contain a new and expanded intensive care unit of 34 beds compared with the present 13-bed unit. Our X-ray department will be expanded, as will our recovery rooms and special care unit.

By the same token, 1966 may be termed a year of organization and implementation. We have organized along two parallel lines. In the Spring of 1966, a Building Committee of Trustees, Administrators and Medical Staff workers met regularly with architects and consultants to develop design concepts and preliminary plans. Out of this effort has come detailed drawings for the addition and, where necessary, alterations within it. The actual construction should commence in the Fall and take about 24 months to complete.

Concurrently, a Steering Committee of Trustees, Corporators, Medical Staff members and Friends of Deaconess was hard at work developing the organization necessary to raise a minimum of \$3 million from public subscription. The difference between this amount and the \$8.5 million needed to

transform our future plans into reality will be provided from existing endowment funds and private financing by the Trustees.

Our campaign organization, under the able leadership of Mr. Francis W. Capper, Chairman, was completed last Fall. On March 10, 1967 the public subscription phase of the program stood at \$2,003,529, as follows:

The Trustees, under the direction of Mr. William M. Rand, pledged \$509,251, exceeding their goal of \$500,000.

The General Staff, under the leadership of Dr. Leland S. McKittrick, the Lahey Clinic and Joslin Clinic pledged a combined total of \$918,746 toward their goal of \$1,250,000.

The Employees of the Hospital pledged the very impressive sum of \$224,399, more than twice their goal of \$100,000.

The Friends of Deaconess pledged \$250,000. Their committee is headed by Miss Dorothy B. Seccomb.

Other gifts and pledges from patients, the business community, foundations and friends amount to \$101,133.

We have come part of the way, but there remains much to be done in order that the final phase of the campaign reaches a minimum of \$3 million by June 30.

This is a time of challenge of all of us — Trustees, Corporate Members, Employees and Medical Staff. We must move forward and we can move forward — but only if each and every member of the Deaconess family resolves to accept the challenge. This acceptance is imperative if Deaconess is to continue as one of the great hospitals of the future.

I am confident that during 1967 we will reaffirm our belief in the Deaconess and what it stands for, and in so doing will meet this challenge of the future.



Report of the Executive Director

R. D. Lowry
Executive Director

Hospital care in the last 25 years has changed as drastically as the science it employs and the society it serves. Providing hospitalization has never before been such a challenge. Medicare has increased admissions, but the government to date has failed to allocate adequate funds to assist hospitals in their expansion programs or in replacing obsolete facilities. We face a budget of almost \$10 million for the coming year and salaries take about 65 per cent of this. To balance the budget and at the same time provide equipment and facilities necessary to keep pace with modern medicine is a major problem for the Trustees and the Administration.

The cost of purchasing an automobile is approximately twice what it was a few years ago, but the automobile is not that much better. The cost of food has risen in recent years, but the food is about the same as it was in the past. The cost of running our government increases markedly each year. Is it that much better? The cost of hospitalization also has seen a substantial increase, but here there is a difference. The quality of medical care today bears no relationship to that of a few years ago. Patients with formerly incurable diseases are being restored to health and active productive lives. Although the daily cost of care is constantly going up, the length of time a person needs to remain in the hospital is decreasing for many diseases; and many people formerly needing hospitalization may now be cared for in an out-patient department or in the office of their physician. Critics of hospital costs have lost sight of the total picture. Unless we can in some way keep the public better informed, it is inevitable that hospitals will remain under fire.

New facilities and equipment are available and have necessitated major renovations and replacements as well as minor ones. A cardiopulmonary department was equipped on Central Five and the former doctors' lounge on Central Four was remodeled into a second recovery room. In November we opened a new coronary care unit with separate patient cubicles and complete heart monitoring equipment. These areas not only extend our present facilities but offer unique test centers for equipment we will need in the new addition.

We remodeled three patient floors in the Palmer Building and enlarged the nursing stations to accommodate a unit coordinator, who manages most of the non-nursing activities

on her floor. Through our service coordination program we are making every possible effort to give nurses the time they need to spend with their patients.

At present there are no acute shortages of personnel, but how long this condition will last is questionable. Our salaries must keep pace with comparable jobs in industry and we must offer educational and improvement opportunities. Housing for employees must be expanded and that problem has top priority.

As I have stated in every report for many years, the Hospital has been busier than ever before. A good indication of the type of patient we serve is the fact that of the 5,648 surgical procedures performed during the year only 18 were primary appendectomies. The complicated, difficult, expensive and time-consuming surgical procedure has become a part of our routine. We need facilities for extended care, nursing home beds as well as for an expanded out-patient department.

The Hospital was surveyed by the Joint Commission on Accreditation and received full approval with fewer recommendations than ever before. The medical residency program under Dr. James L. Tullis, Chairman, Department of Medicine, received a full three-year accreditation. Under Dr. Cornelius E. Sedgwick, Chairman of the Department of Surgery, the surgical residency program which is affiliated with the Fifth Surgical Service of Harvard has been strengthened and improved.

There have been major changes in key personnel due to death and retirement. Chaplain Rudolph L. Samuelson's death resulted in Chaplain Ralph A. Curtis joining us. Mr. Roger G. Peterson replaced Mr. Walter Emery as Laundry Manager, Mr. Joseph E. Doherty replaced Mrs. Hilda T. Peacock as Head Housekeeper and Miss Charlotte L. Donaldson is the new Director of Dietetics. Excluding newcomers, the department heads average 23 years of service.

The future of hospital nursing schools has been a point of grave discussion for the past two years. A problem of recruiting students has developed in many schools since the "Position Paper of the American Nursing Association" was issued. We believe that the Deaconess School of Nursing produces above average nurses and have employed a full-time person to boost our number of applicants. Diploma schools still supply over 75 per cent of all nurses, and we feel a deep responsibility to do our part in facing today's nursing shortage.

Three years ago One Ten Francis Street after depreciation showed a \$180,000 loss, two years ago a \$65,000 loss and this past year a \$20,000 profit. This accounts for the improvement in endowment income. The medical offices are 100 per cent occupied and the garage accommodated approximately 500 cars a day; guest accommodations averaged 75 per cent occupancy.

Administrators and department heads have spent hundreds of hours with architects working on specifications for the new addition to Central Building, and plans are proceeding on schedule. I am most proud of the response our employees gave to the Building Fund. Pledges totalled \$224,399, which is more than twice the goal of \$100,000.

We all resist changes to some degree, and changes are taking place in the health-care field more rapidly today than at any time in history. Much credit must be given to Deaconess personnel for their ability to adapt to these changes. In spite of all the handicaps under which we are working — lack of space, inadequate locker room, crowded quarters, old and outmoded building, patients who require far more attention than in the average hospital, the constant pressure — it would appear that the morale of the Deaconess family is high. We can only guess what the future will hold, but with the spirit of cooperation that exists in our hospital I am confident that we will be able to keep pace.

For all that has been accomplished this past year I wish to express my sincere appreciation to Mr. Lee, Miss Adams, Mr. Koch, Mr. Sycamore and all the department heads. Although their individual work load and responsibilities have increased markedly in recent months, their performance has been outstanding.

In no previous year within my memory has so much been required of the members of the Executive Committee and the Trustees. They have given generously of their time and talents. The Friends of the Deaconess, in addition to their many other contributions, have assumed a major responsibility in the Development Program.

I wish it were possible for me to say that the coming year will be easier but that would be unrealistic. If we are successful in our fund raising efforts, construction will begin in the Fall of 1967. Maintaining "business as usual" while construction is going on overhead and in adjacent rooms will be extremely difficult. The coming years will be a challenge to all.



Report of the Medical Administrative Board

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Allen P. Joslin, M.D.

Mirle A. Kellett, M.D.

Joseph H. Marks, M.D.

Leland S. McKittrick, M.D.

William A. Meissner, M.D.

James L. Tullis, M.D.

R. D. Lowry, Secretary

Appearing on the following pages in the Annual Report are accounts of the year's activities as well as hopes and plans for the future, as prepared by Dr. James L. Tullis, Chairman, Department of Medicine; Dr. Cornelius E. Sedgwick, Chairman, Department of Surgery; Dr. William A. Meissner, Pathologist-in-Chief, and Dr. Joseph H. Marks, Therapeutic Radiologist with Dr. Mirle A. Kellett, Diagnostic Radiologist, Department of Radiology. The efforts of these four departments are closely coordinated and have as their primary purpose the furnishing of the best of modern medical treatment, given with kindness, a personal touch and regard for the dignity of the individual.

Any major hospital should have three aims: patient care, teaching and research. The Deaconess is well known for its high quality of patient care and this must, and will, be preserved. Teaching goes on daily in many ways and is of both personal and classroom types. Instruction and training are provided for a variety of persons, including laboratory technicians, nurses, dietitians and physicians. The influence of the Hospital is thereby carried throughout the world. At this writing, it seems probable that in the next year an internship program will be initiated, and it is hoped that in time to come the Deaconess may round out its responsibility by full participation in the teaching of medical

students.

The third aim of a major hospital, the fostering of research, is accomplished by the Deaconess in part by intramural activities, including those in the Cancer Research Institute and the Shields Warren Radiation Laboratory, and in part by maintaining friendly and helpful contact with research laboratories which are geographically related, namely the Protein Foundation Laboratory and the Elliott P. Joslin Research Laboratory. The extent and importance of the research activities carried on both by the Deaconess staff and by workers in these geographically related laboratories is truly great. Not only are significant additions made to knowledge, but also training is provided for young physicians and other scientists who come from, and usually return to, other areas of the United States and to countries throughout the world.

Hospitals and medical personnel can provide service to the sick only insofar as space and equipment are available. The chief problem continues to be the shortage of beds and the long waiting period for the admission of patients, many of whom are urgently in need of care. It is hoped that the proposed Building Program will become a reality so that the Deaconess Hospital may continue to grow to increase its service to the community, the nation and the world.



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Report of the Department of Medicine

James L. Tullis, M.D.
Chairman

The principal change in the teaching program this past year has been the creation of a small unit of teaching service beds on the second floor of the Deaconess building. This unit of 26 beds is jointly operated by the Departments of Medicine and Surgery. Two purposes are served by this important advance. First, resident responsibility can be increased and more clearly defined in accordance with the requests of the accreditation board; and secondly, centralization of teaching efforts can be accomplished, permitting closer contact and rapport between the residents and attending staffs.

Patients admitted to the teaching service are primarily those who are unable to pay a professional fee for their medical care but may possess third-party insurance covering all or part of their hospital bill. However, anyone with a problem which is of teaching value may be admitted, irrespective of financial considerations.

An unexpected complication, which has arisen from the marked increase in private and public hospitalization insurance, has been the decreased number of charity patients available for classical ward teaching sessions. This has been a special problem to city hospitals and university affiliated hospitals that have depended upon large ward populations to educate house officers and medical students. The Deaconess started using private patients for post-graduate education many years ago and its pioneer efforts in this regard have lessened the impact at this Hospital of such new programs as Medicare and Medex. Nearly all private patients are agreeable to the concept of participation in teaching exercises. It is only through the willingness and cooperation of the staff doctors who refer their patients to the Teaching Service that this departure will withstand the pressures of these new socio-economic factors.

It should be emphasized that the creation of this unit has in no way decreased the bed capacity of the Deaconess or changed the make-up of patient admissions. The same type of patient with the same type of disease is being admitted as before. No impediment to hospitalization has been created, and if empty beds exist in the teaching unit they may be used by any staff physician.

The teaching responsibilities in the unit are rotated monthly among the General Medical Staff and staff physicians at the Lahey Clinic and Joslin Clinic. The individuals who have served in this capacity thus far have felt that their added duties have been of distinct value in keeping them abreast of new medical developments. There is no better stimulus to self-education than a difficult question from a student. Perhaps the most valuable additional asset of this

program has been the inevitable drawing together of the Senior Staff into one cohesive body.

Outside the field of education, the major problem the Department has faced is that of the bed shortage within the hospital. It is extremely difficult to hold the interest of younger physicians if room does not exist to admit their patients. They have no choice but to diversify their hospital appointments in order to assure their patients of potential beds. This has the undesirable effect of diluting their interest in the Deaconess as their professional nidus. For this reason alone one can justify the present expansion program. If room for the patients of our present staff cannot be provided, it will be impossible to build for the future, and the staff will become frozen at its present size. Many of the younger men are being asked to work for the Deaconess and to contribute their time and efforts significantly to its advancement. The least we can do is provide an adequate place in which to nurture their professional careers.

During the last year the education function of the Department came up for triennial review by the American Board of Internal Medicine. Full approval for our three-year residency program was obtained. In connection with this audit many interesting facets were uncovered. Among these was the finding that the Deaconess is no longer primarily a surgical hospital. The medical admissions have risen from somewhat less than 40 per cent a decade ago to 55 per cent in the current year. The Deaconess is not alone in this regard. Several urban communities in America have noted this same trend. It is believed to reflect two major forces in American medicine. The first is that the increasing number of qualified surgical specialists throughout the country has elevated the level of surgical practice in smaller communities to the extent that many procedures now can be performed in the local community. It is still necessary to refer the more difficult problems to hospitals such as ours, but the total number is less and the complexity greater. This has the undesirable effect of increasing nursing and administrative burdens on the Deaconess. Perhaps the more important development responsible for increasing numbers of medical admissions has been the fruition of research studies that have led to the availability of diverse, new therapeutic agents and techniques. Increasing numbers of diseases formerly deemed beyond medical attack are now successfully managed, with a return of the patient to full sociologic function. This is reflected in increasing longevity and increasing costs.



Report of the Department of Surgery

Cornelius E. Sedgwick, M.D.
Chairman

The first responsibility of any hospital is patient care; the second, met only in a limited number of hospitals, is the training of future doctors. The New England Deaconess Hospital traditionally has provided excellent patient care. Recently, we have embarked on a program of training surgeons. Our aim is to become a first-rate teaching hospital, perhaps with some medical school affiliation, providing instruction in surgery at both undergraduate and post-graduate levels.

Medical schools are charged with basic instruction required in the development of future surgeons. Hospitals are responsible for the clinical application of surgical methods; and the New England Deaconess Hospital with its wealth of unusual cases and informed staff is eminently qualified for this function. Dr. Leland S. McKittrick, Interim Chairman of the Department of Surgery, outlined in the last Annual Report the basis for establishing a unified surgical department and a surgical teaching program. It is upon this solid foundation that we hope to expand. We now have a unified surgical department which receives full cooperation from the General Staff, the Overholt Clinic and the Lahey Clinic. The monthly staff meetings, the weekly surgical rounds and the weekly resident meetings are well established, are of high quality and are of great value both to our surgical residents and staff.

Consultations and conferences with other departments are vital parts of a well-rounded surgical teaching program. We are fortunate in having outstanding staff members in medicine, pathology, X-ray and other specialties, who stand ready to contribute their time, knowledge and cooperation to this program. Our affiliation with the Harvard Service of the Boston City Hospital, directed by Dr. William V. McDermott, has been strengthened to the benefit of both services. We now have four surgical residents including a fourth-year senior resident. We have been approved by the American Board of Surgery for the training of chief residents during their final year. On the other side of the scale, Harvard Medical School students are being sent to us for limited periods to receive instruction in physical diagnosis and to be oriented to the problems of clinical surgery. The presence of both medical students and residents not only gives our patients better 24-hour coverage, but also rewards our staff with stimulating discussions of current medical thinking.



The backbone of any teaching hospital is a teaching unit in which the resident staff has primary responsibility for patients, but which is guided by direct senior staff consultation. This is required for certification by the American Board of Surgery. To fulfill the requirement we designated 26 beds on Deaconess II as the Medical Teaching Service and the Surgical Teaching Service. This has been the single most important step taken by the New England Deaconess Hospital toward becoming a first-rate teaching hospital. Residents under the guidance of senior surgeons carry out complete physical examinations and diagnostic studies and perform operations with the senior surgeon in attendance. Both residents and staff profit by the association, which combines the best features of the "residency system" of training and "the preceptorship method."

The staff and program in sub-specialties under the Department of Surgery are undergoing change and improvement. The Department of Anesthesia under the direction of Hand-Audin Associates continues to grow and to improve in quality. Plans are being made to offer a more rounded anesthesia residency program. The genito-urinary program affiliated with the Lahey Clinic is attracting more trained residents. Recently, cryogenic surgery, a new freezing technique, was introduced. Thoracic surgery mainly under the direction of the Overholt Clinic is being strengthened. A new pump for cardiac surgery was purchased by the Hospital for open heart surgery. This and the addition of the Cardiopulmonary Laboratory under the direction of Dr. O. Stevens Leland make the facilities for diagnosis and treatment of thoracic and cardiac disease unsurpassed. The Respiratory Therapy and Equipment Service under Dr. Joseph P. Crehan prepares and follows patients pre-operatively and post-operatively and has considerably reduced the mortality and morbidity of pulmonary complications. This unit is a model for training respiratory therapists, and great credit is due to Dr. Crehan for the time and effort he has spent in organizing and implementing this important service. Dr. Rob Roy McGregor has been appointed Chief of Podiatry and has excellent plans relative to the care of both patients and personnel.

One year ago, Dr. McKittrick united all our surgeons into one department and pointed the way for us to become a first-rate teaching hospital. We have followed his lead. Much has been accomplished, but much remains to be done.

Active Staff

MEDICAL DIVISION

- ✓ James L. Tullis, M.D.
Chairman
- ✓ Sidney Alexander, M.D.
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- Don James Weekes, M.D.
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- Lorande M. Woodruff, M.D.
- Francis M. Woods, M.D.

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- Lewis M. Hurxthal, M.D.

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- Joseph P. Crehan, M.D.
- Urban H. Eversole, M.D.
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- Bradley E. Copeland, M.D.
- Merle A. Legg, M.D.
- David Skinner, M.D.
- Shields Warren, M.D.

RADIOLOGY

- Joseph H. Marks, M.D.
Therapeutic Radiologist
- Mirle A. Kellett, M.D.
Diagnostic Radiologist
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- Magnus I. Smedal, M.D.

Associate Staff

MEDICAL DIVISION

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✓ O. Stevens Leland, M.D.

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New England Deaconess Complex

The Medical Office Building at One Ten Francis Street, now three years after its opening, is known nationally and internationally for the completeness of its services and facilities. Its offices are fully occupied, with every facet of medicine represented. Here the patient will find complete diagnostic services including laboratory and X-ray facilities, leading medical, surgical and dental specialists and complete living accommodations for a stay of several days if required.

The Joslin Clinic, with its Hospital Teaching Unit and Elliott P. Joslin Research Laboratories, the latter under the direction of the Diabetes Foundation, continues to maintain its high standard of excellence in the treatment of diabetes and its varied complications. Qualified doctors believe in the possibility of a major advance in this field within the next few years.

Patients from foreign lands as well as from many parts of the United States attend the Hospital Teaching Unit. Here they learn to establish correct habits in regard to eating, medication and exercise, and find it possible to live happy lives.

Founded by Dr. Frank H. Lahey in 1923 as the Lahey Clinic, the organization, now a division of the Lahey Clinic Foundation, is one of the country's oldest and most renowned. A staff of 91 senior physicians and surgeons, 73 resident physicians, and over 100 nurses and technicians provides departments of specialists in 16 different areas of medicine. The institution has long maintained a close working relationship with the Deaconess for hospital, surgical and laboratory service, as well as resident training.

Surgery of the lung, esophagus, heart and great vessels continues to advance in the field of medicine, and the Overholt Thoracic Clinic maintains its place among the leaders. Doctors trained at the Clinic are scattered all over the world, from the University of Cordoba in the Argentine to the University of Saigon. They are fully engaged in this specialty, doing research and teaching, as well as surgery.

The Cancer Research Institute carried on its work with the support of 21 grants and eight public and private agencies. Its staff of 24 scientists, supported by 56 ancillary personnel, produced 47 research reports. Many of these dealt with the enzyme systems by which cells live, grow and compete with one another, and which may give cancer cells special advantages.





Experimental pathologists worked on problems relating to the causation of cancer by radiation, host-tumor relationships, chromosome investigation and bladder cancer. Several studies were carried out in conjunction with related departments in the Hospital.

A new research potential introduced by atomic energy is the technique of neutron activation analysis. This provides a sensitive research tool, which permits the identification of even a few activated atoms in the midst of myriads of others. This research is being carried on in collaboration with the

Mechanical Equip.	13th Floor
Mechanical Equip.	12th Floor
Nursing Unit	11th Floor
Nursing Unit	10th Floor
Nursing Unit	9th Floor
Nursing Unit	8th Floor
Nursing Unit	7th Floor
Intensive Care Unit	6th Floor
Cardiopulmonary & Central Supply	5th Floor
Operating Suite	4th Floor
Nursing Unit	3rd Floor
Radiology	2nd Floor
Administration & Public	1st Floor
Dietary & Service	Basement
Mechanical Equip.	Sub Basement

Department of Legal Medicine at Harvard Medical School to identify evidence, such as hairs, bits of skin and other small materials of value in crime detection.

With the completion of the Shields Warren Radiation Laboratory, the experimental program has been gradually getting underway. Laboratory director, Dr. Henry I. Kohn, states that experimental studies in the fields of tissue transplantation and electron microscopy have begun. Further developments are expected in the area of cancer radiation therapy and diagnostic radiology with the collaboration of the Harvard Medical School.





1st Floor

Administration & Public



5th Floor

Cardiopulmonary & Central Supply



2nd Floor

Radiology



6th Floor

Intensive Care Unit

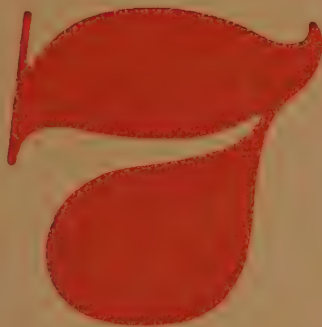


4th Floor

Operating Suite



Typical Floor



Report of the Department of Pathology

William A. Meissner, M.D.
Pathologist-in-Chief

The importance of the hospital laboratory to the modern practice of medicine was demonstrated again last year by the great increase in laboratory work requested by our medical staff. The volume of laboratory procedures was 12 per cent more than during the previous year — a familiar pattern. In addition, 33 new procedures have been added to the 200 already available. Examples include various blood gas measurements and the identification of blood-clotting defects.

Another service to the patients and medical staff has been the successful development of laboratory coverage seven days a week. No longer does a physician or his patient need to wait over a weekend or a holiday for laboratory tests to be carried out. Nearly all tests offered by the laboratories are now done routinely (and for the same charge) any day of the week, including Saturdays, Sundays and holidays.

In addition to providing laboratory service to patients, the laboratory personnel carry on extensive teaching programs for medical students, residents, the Medical Staff and medical technologists. The School of Medical Technology, run in conjunction with the Cooperative Program at Northeastern University, continues to grow and to attract national attention. The role of the laboratory in continuing education to the medical community has been evidenced in several ways. For example, the laboratory has been invited to serve as a reference laboratory for the National Comprehensive Laboratory Survey of the College of American Pathologists, and also for two World Health Organization committees concerned with the classification of tumors. During the year two workshops in parasitology were offered to pathologists and technologists in Massachusetts; both were oversubscribed and were so successful that they will be repeated during the coming year.

Plans for the year ahead are exciting and challenging. A laboratory unit specializing in the study of fungus diseases will be in operation shortly. The diagnostic radioisotope service will be expanded so that organ-scanning will be available for hospital patients. Also, hopefully, a computer will be installed in the laboratories, which will be programmed to read results directly from automated equipment so that reporting of laboratory work for the individual patient will be faster and more efficient.

During the past year we were pleased to welcome as members of the department Dr. David Skinner, who is now in charge of bacteriology, and Dr. William F. O'Toole, who is working in anatomic pathology.



Report of the Department of Radiology

Joseph H. Marks, M.D.
Therapeutic Radiologist

Mirle A. Kellett, M.D.
Diagnostic Radiologist

This has been a year of progress and change within the Department of Radiology. Because of the increased work load and administrative problems, the Department has been divided into two sections, one embracing therapy and the other diagnosis. The change is in keeping with a trend which has been developing throughout this hemisphere and Europe during recent years. Tremendous expansion within the field of radiology has made it impossible for any one radiologist to be competent in all areas of the specialty. Accordingly, the division of therapeutic radiology is now under the direction of Dr. Joseph H. Marks, and the division of diagnostic radiology is under Dr. Mirle A. Kellett who is joined by Dr. Harry Bailey, a member of the department since January 1, 1962, and Dr. Herbert F. Gramm, who joined the department on January 1, 1966.

The addition of a third, certified radiologist to the diagnostic division has increased the efficiency of patient study, and now reports can be on the patient's chart the same day as the X-ray examination. This is a great convenience for attending physicians and surgeons and helps to reduce costs by shortening a patient's stay in the hospital.

The combination fluoroscopic and radiographic unit, which was purchased for the Department of Radiology in 1953, has been replaced. The new unit provides an intensified fluoroscopic image plus a television monitor and permits one or more radiologists and frequently a surgeon, technician and nurse to work in a lighted room and yet see a brighter and clearer image of the organs to be studied.

A more powerful generator was installed in the special procedure room so that high speed films could be taken of even the thickest parts of the body. The room may be used for simple, routine work; but it is more frequently used for angiography (the study of blood vessels made visible by the injection of iodine-containing solution). The equipment, which is now capable of short exposures in rapid succession, gives precise delineation of even small blood vessels. Abnormal position of such vessels may indicate a tumor in an adjacent area, and clusters of small vessels may be seen within the tumor itself. Many people with strokes have an obstruction of the carotid artery. The exact location and extent of this obstruction within the neck can be visualized with our new equipment and can serve to guide the surgeon in making satisfactory repair.

Our main darkroom was remodeled in 1962, at which time our first automatic processor was installed. At that time the

automatic processor produced a dry film ready for interpretation in about 7 minutes. It was a great advance over hand-processing, which required a minimum of 10 minutes for a "wet reading" and approximately 30 minutes for a dry film. We now have a second processor, and because of changes in film speeds and solution chemistry we can have dry films in 3 minutes.

The work load in the diagnostic division showed a statistical increase of slightly more than 5 per cent during the year. This does not reflect the true load because the number of complex and time-consuming examinations, often requiring several pairs of hands, increased more rapidly than routine ones. The number of examinations excluding photo-roentgen totaled 19,486; and there were 7,136 routine survey examinations done on the photo-roentgen equipment near the admitting office.

Although great strides have been made in the field of radiology, the problem of storage and ready availability of films remains unsolved. It is an increasing problem because of the great number of examinations and films per hospital patient. We thought it proper in the past to keep all films for at least 10 years. Older films are of value in the study of patients with diabetes or malignant disease, who tend to have multiple admissions; and such patients make up a considerable portion of our hospital population. Storage space within the department is barely adequate today for films of 7 years. Rather than discard the older films, we chose to store some in the garage at Kent Street. Storage outside of the department is a compromise and will probably be abandoned as the volume increases still further. Micro-filming of the older films is being tried.

The volume of work in therapeutic radiology remains about constant with 6,427 treatments being given to 367 patients. This volume is close to the maximum, which can be handled by one radiologist with the present equipment and the belief that every patient should be seen by a radiologist every day. The virtues of the two million volt machine have been amply demonstrated in the care of patients with malignant disease; and it has been proved economical.

We at Deaconess must make a decision concerning our future role in the area of therapeutic radiology. Your present therapeutic radiologist has wished for several years that a conjoint facility might be established, which would include several machines shared by a group of experienced radiologists with slightly varied special interests and a teaching program for young radiologists having an interest in therapy.

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New England Deaconess Hospital Balance Sheet

SEPTEMBER 25, 1966

Assets

GENERAL FUND	1966	1965
Current assets:		
Cash	\$ 11,863	\$ 373,258
Cash in savings accounts	151,778	65,466
Accounts receivable (less allowance for uncollectible accounts — 1966, \$527,194; 1965, \$635,405)	1,561,877	1,136,313
Inventories of supplies	224,850	213,263
Prepaid expenses	40,915	37,796
	<u>1,991,283</u>	<u>1,826,196</u>
 SPECIAL PURPOSE FUNDS		
Cash	197,041	25,773
Investments — at cost (market value — 1966, \$633,870; 1965, \$519,079)	636,314	519,202
Grants receivable, including unexpended balances	334,096	299,886
	<u>1,167,451</u>	<u>844,861</u>
 ENDOWMENT FUNDS		
Cash	1,135	9,084
Investments — at cost or contributed value (market value — 1966, \$2,069,785; 1965, \$2,452,790)	1,261,363	1,247,420
Real estate, equipment, and furnishings — at cost less accumulated depreciation — 1966, \$386,550; 1965, \$268,220 (Note 2)	5,246,036	5,358,724
Due from General Fund	99,694	46,832
	<u>6,608,228</u>	<u>6,666,060</u>
 BUILDING AND EQUIPMENT FUNDS		
Cash	8,950	40,482
Investments — at cost or contributed value (market value — 1966, \$2,747,158; 1965, \$2,901,520)	2,749,059	2,850,573
Grant receivable	40,818	
Construction in progress	215,184	2,216,342
Land, buildings, and equipment — at cost less accumulated depreciation — 1966, \$5,641,312; 1965, \$5,146,869 (Note 2)	7,848,664	5,716,074
	<u>10,862,675</u>	<u>10,623,471</u>
	<u>\$20,629,637</u>	<u>\$19,950,388</u>



Liabilities and Funds

	1966	1965
GENERAL FUND		
Current liabilities:		
Accounts payable, withheld taxes, and accrued expenses	\$ 683,057	\$ 695,214
Deferred income	61,662	46,286
Mortgage payments due within one year	140,476	123,155
Total current liabilities	885,195	864,655
Due to Endowment Funds	99,694	40,832
General Fund	1,006,394	920,709
	1,991,283	1,826,196
SPECIAL PURPOSE FUNDS		
Gifts, bequests, and reserves for special purposes	848,339	555,461
Unexpended grants for research	319,112	289,200
	1,167,451	844,661
ENDOWMENT FUNDS		
Mortgages payable through 1991 — installments due after one year (Note 2)	3,286,199	3,344,325
Fund balances	3,322,029	3,311,735
	6,608,228	6,656,060
BUILDING AND EQUIPMENT FUNDS		
Mortgage payable through 1978 — installments due after one year (Note 2)	933,403	1,003,623
Fund balances:		
Held for improvement and expansion	3,028,550	4,977,983
Building and equipment	6,900,722	4,641,865
	10,862,675	10,623,471
	\$20,629,637	\$19,950,389

See notes to financial statements on following page.



Statement of Income

FOR THE FISCAL YEAR ENDED SEPTEMBER 25, 1966

	1966	1965
Operating income	\$9,298,969	\$8,524,370
Less—Free care, provision for uncollectible accounts, and contractual adjustments	567,271	463,327
Net operating income (Note 1)	<u>8,731,698</u>	<u>8,061,043</u>
Operating expenses:		
Professional care of patients:		
General	2,519,382	2,267,888
Special	2,888,718	2,490,231
Household and property	1,917,051	1,854,431
Employees' welfare	386,401	303,546
General services and expenses	290,195	286,629
Administration	624,188	556,691
Depreciation	494,443	396,333
Total operating expenses	<u>9,120,378</u>	<u>8,155,749</u>
Loss from operations	388,680	94,706
Interest expense	40,567	44,473
Loss before non-operating income	<u>429,247</u>	<u>139,179</u>
Non-operating income:		
From endowment funds	203,881	94,275
Donations	68,287	75,959
Miscellaneous	25,896	15,994
Total non-operating income	<u>298,064</u>	<u>186,228</u>
Net loss (gain) transferred to general fund (Note 1)	<u>\$ 131,183</u>	<u>\$ (47,049)</u>

See notes to financial statements below.

NOTES TO FINANCIAL STATEMENTS

1. CONTRACTUAL ADJUSTMENTS WITH MASSACHUSETTS HOSPITAL SERVICE, INC.

During the fiscal year ended September 25, 1966, the Hospital's net operating income included final settlements with Massachusetts Hospital Service, Inc. aggregating \$90,340 representing prior years' contractual adjustments (not previously determinable). Because of a change in the method of reimbursement under the contract, no similar adjustments of significant amount are uncollected at September 25, 1966.

2. PLEDGED REAL ESTATE

With the exception of research buildings and certain staff resi-

dences, land and buildings are pledged against the mortgages payable.

3. EMPLOYEES' RETIREMENT PLAN

The Hospital's retirement plan for employees, dated October 1, 1959, provides for pensions to eligible retired employees. Contributions at fixed rates are made by the employees and, in amounts necessary to effectuate and maintain the plan, by the Hospital. It is the intention of the Hospital to complete funding of the plan's past service liability, which amounted to approximately \$265,000 at September 25, 1966, by the twentieth anniversary of the plan.



General Fund Account

FOR THE FISCAL YEAR ENDED SEPTEMBER 25, 1966

	1966	1965
Balance at beginning of year	\$ 920,709	\$ 777,854
Add:		
Unrestricted legacies	199,556	98,311
Depreciation transfer from building and equipment funds	494,443	396,333
Total	<u>1,614,708</u>	<u>1,272,498</u>
Deduct:		
Transfer to building and equipment funds for replacement, construction, and mortgage reduction	277,575	300,527
Restricted for special purposes	199,556	98,311
Net loss (gain)	131,183	(47,049)
Total deductions	<u>608,314</u>	<u>351,789</u>
Balance at end of year	<u>\$1,006,394</u>	<u>\$ 920,709</u>

See notes to financial statements on previous page.

Executive Committee of
New England Deaconess Hospital:

We have examined the balance sheet of New England Deaconess Hospital as of September 25, 1966 and the related statements of income and general fund account for the fiscal year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary

in the circumstances.

In our opinion, the accompanying financial statements present fairly the financial position of New England Deaconess Hospital at September 25, 1966 and the results of its operations for the fiscal year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Haskins & Sells

Boston, Massachusetts
November 14, 1966

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Elliott Henderson
Mrs. Halfdan Lee
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Mrs. Sheldon E. Wardwell
Wilbar Whittemore

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Humphrey H. Swift
Miss Clara F. Trowbridge
Kenneth W. Warren, M.D.
Sinclair Weeks
John D. Young

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Frank M. McGowan
Miss Amelia Peabody
William W. Wolbach

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***Howard D. Brewer**
Mrs. Harry L. Jones
James T. Mountz
William M. Rand
Henry S. Rogerson
Stephen Sonnabend
Joseph P. Spang, Jr.
C. Vincent Vappi

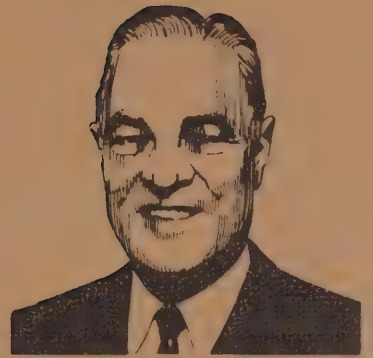
***Deceased**



Francis W. Capper

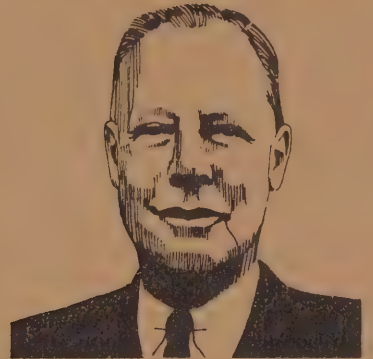


Laurens MacLure



Henry S. Rogerson

Board of Trustees Executive Committee



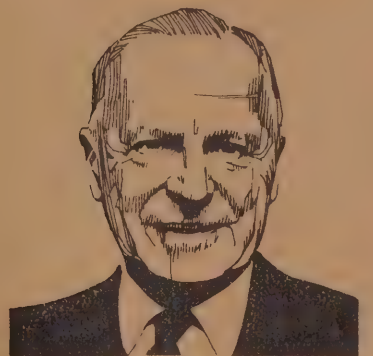
James T. Mountz



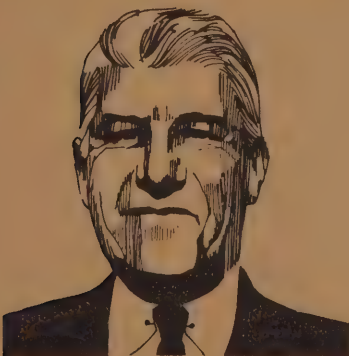
C. Vincent Vappi



Mrs. Halfdan Lee



William B. Snow



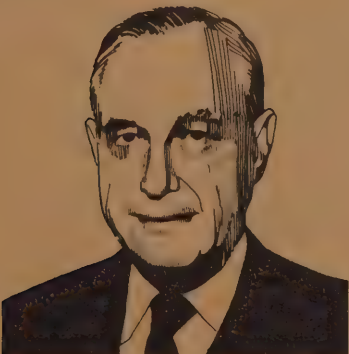
Edward Dane



James F. Farr



Alexander Marble, M.D.



Herbert D. Adams, M.D.



R. D. Lowry



Richard E. Lee



Report of the Friends of Deaconess

Mrs. George I. Rohrbough
President

The Friends of the Deaconess have had a busy and inspiring year. The heart of the organization is the large amount of volunteer time which its members donate each year. It is through countless hours of service in the Coffee Shop and Diversional Therapy and with the less glamorous but equally important organizational meetings that the Friends contribute to the Hospital and is their "raison d'être."

Nine board meetings were held. The annual picnic took place at the home of Dr. and Mrs. Shields Warren in June, and in October we had our annual guest meeting at which Dr. Frederick Stare, Head of the Department of Nutrition of the Harvard School of Public Health, spoke on some timely problems in nutrition.

The Coffee Shop, headed by Mrs. Theodore C. Pratt, raised \$1,200 for the Friends' Fund and contributed \$3,050 to the fourth Nursing School Scholarship.

Mrs. Charles A. Hinkle, chairman of the Gift Shop, announced a gift of \$3,000 — a \$600 increase over last year's donation.

Mrs. George C. McClellan, chairman of the Flower Shop, reported a profit of \$1,109.56. She wishes to thank all those who helped keep the shop going during her illness.

The Thrift Shop, whose co-chairmen were Mrs. Oliver R. Waite and Mrs. M. Duncan Harris, netted \$11,638.00 an increase of \$1,624.00 over last year. This gift represents more work than meets the eye, for these devoted volunteers not only sort, price and sell jewelry, bric-a-brac, china, clothes and silver, but also spend much time and effort in finding people who will donate these articles.

Diversional Therapy is now a well-established project of the Friends. Mrs. C. Cabell Bailey, Mrs. George A. Dempsey and Mrs. Basil C. Gray reported the best year yet. Their service to the Hospital is not to be measured in terms of dollars and cents but in the personal concern which they show. They spend many hours keeping patients happy and occupied.

The Hospitality Committee, under the chairmanship of Mrs. Howard F. Root, held a pleasant morning coffee hour for the nurses and the nursing staff. About 150 nurses attended. In December the Committee arranged the Friends annual Christmas Open House. Over 300 doctors, nurses, staff mem-

bers, visitors and ambulatory patients dropped by for cider, coffee, cookies and conversation.

A Recognition Party for the teen-age volunteers was held in August. These enthusiastic young people helped keep the Friends' projects going during the summer months. Mrs. Irma A. Kellner, Director of Volunteers, arranged a gay afternoon for them complete with the entertainment of a memory expert who kept everyone spellbound. Mrs. Kellner presented certificates to over 100 boys and girls who served regularly throughout the summer. Those who donated more than 50 hours received the American Hospital Association Teen-age Volunteer pin. We are deeply grateful to Mrs. Kellner for all she does not only in the summer but throughout the year.

In December the Nursing School and the Friends held the annual Christmas Bazaar. Mrs. James T. Mountz was the chairman of this event which was held in the lobby of Central Building and netted \$1,961.50 for the Nursing School.

In April the Friends held their annual Deaconess Night at the Pops. Under the leadership of Mrs. C. Cabell Bailey and Mrs. George A. Dempsey, \$1,673 was raised for the Nursing School Scholarship Fund. This year the Woman's Society of Christian Service of the Methodist Churches of New England gave \$877 toward the student scholarships.

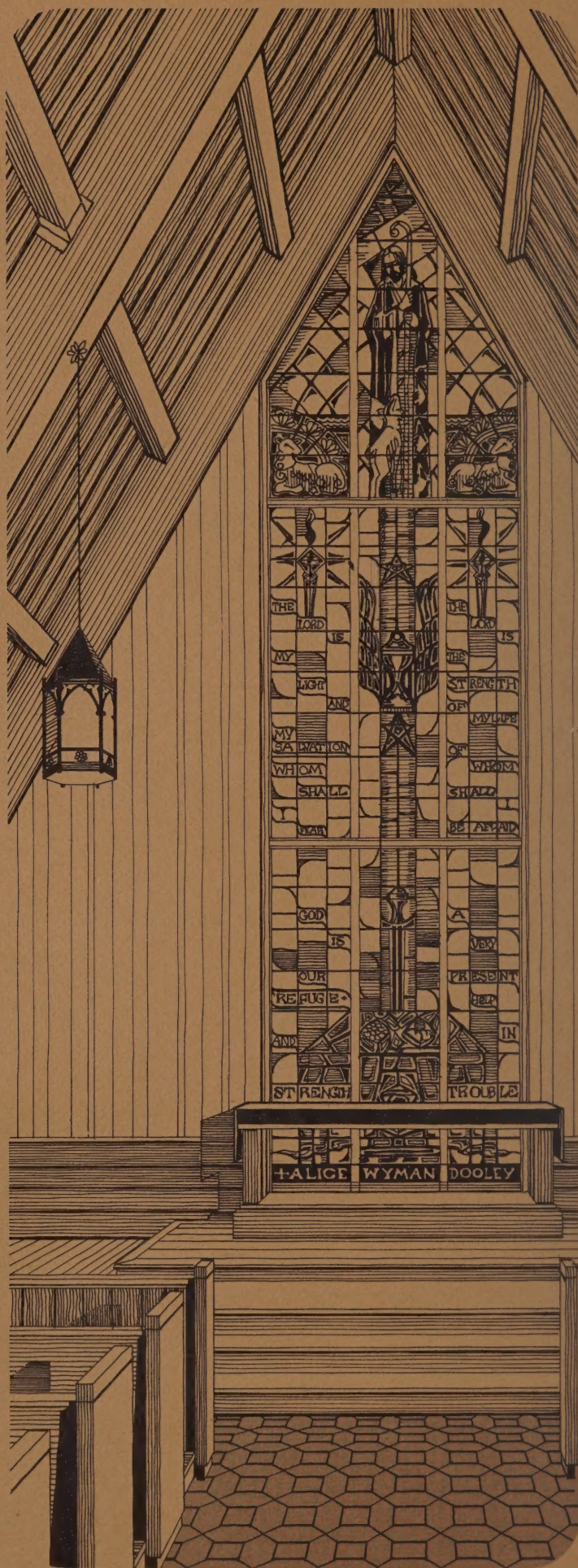
Mrs. David P. Boyd is chairman of our newest project, the Ways and Means Committee, whose first event was an afternoon concert by Leonard Bernstein and the New York Philharmonic orchestra. Miss Dorothy B. Seccomb and Mrs. Lauriston Ward, Jr. were co-chairmen of the project which earned \$5,000 for the Friends. We cannot pay high enough tribute to the chairmen and their committee members, the volunteers and all who have helped to make that effort such a success.

Last summer one of our members, Mrs. Shields Warren, wrote and published the *History of the Friends of the Deaconess Hospital*. We are most grateful to her for the hours of work and research involved for this most welcome contribution.

The Friends are honored to be able to help with the work of the Deaconess Hospital. We face the increasing challenges of the years ahead with enthusiasm and with a special pride in the institution which we serve.

"The Lord is my light and my salvation;
whom shall I fear?
The Lord is the strength of my life;
of whom shall I be afraid?"

Psalm 27:1





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